What will Donald Trump's presidency mean for health? A scorecard.

Martin McKee DSc *

Professor of European Public Health

London School of Hygiene and Tropical Medicine

Scott Greer PhD

Associate Professor of Health Management and Policy

University of Michigan School of Public Health

slgreer@umich.edu

David Stuckler PhD

Professor of Political Economy and Sociology

University of Oxford

david.stuckler@sociology.ox.ac.uk

* Corresponding author

Word count: 3766

Introduction

U.S. presidents make their mark on health, for better or worse. Donald Trump campaigned on a populist platform to "make America great again." While the actual policies he will pursue, and the priority he will place on them remain, in many ways, uncertain, both his statements and his nominations for key government posts suggest that his presidency could have profound implications for health. His proposal to repeal and replace the Affordable Care Act with a "better reform", his stance on reproductive rights, and approaches to other areas, such as science policy and climate change, coupled with his stated intention to put "America first" are creating anxiety and uncertainty about America's domestic health policies and its global leadership role in areas such as security and development.

A health perspective on the policies of the Trump presidency

We propose key criteria on which the global health community can judge the success or failure of a Trump presidency. The USA, along with every other country in the world, has signed up to the United Nations 17 Sustainable Development Goals (SDGs).[1] We use these to develop a scorecard , as set out by Beaglehole and Bonita, that can form the basis of a system to monitor and hold accountable global health leaders (Table 1).[2] In it, red indicates a high risk to health, amber a medium risk, and green, a low risk. We do not see this scorecard as being definitive, and indeed it cannot be until there is greater certainty about what policies will be pursued, but we offer it as a basis for further discussion. In the rest of this paper we illustrate this approach by means of more detailed analyses of selected examples of key policies with implications for health.

[Table 1 about here]

Predicting the consequences of a Trump presidency is difficult, for several reasons. One is that there is considerable uncertainty, and little sign of a coherent plan from Trump's campaign. The President-elect's views are inconsistent and on many key issues have shifted, sometimes within hours. Another is that achieving real change requires skill, yet Trump assumes the office of President with no government experience and concerns about his understanding of the role.[3,4] As a business leader at the Trump Organization, he operated a distinct family operation with a close-knit group of loyal supporters, giving him virtually absolute control over operations.[5] As President, his actions will be constrained by the Constitution, three centuries of legislation, and numerous checks and balances created by the formal separation of powers.[6]

His ability to pass legislation will depend on support of others, particularly the Republican Party who control the Congress. During his campaign, he vilified several key party leaders, including the Speaker of the House, Paul Ryan. Other prominent Republicans, including George and Jeb Bush, refused to support Trump, taking fundamentally different stances on core issues. They argued that true conservatives would prefer a smaller government role rather than Trump's proposed largess. Further questions exist about Trump's links to Russia, including evidence of Russian interference in the election[7] and his proposed nomination as Secretary of State of Rex Tillerson, an oil company executive with close Russian ties.[8]

One scenario is that Trump simply signs the overall Republican agenda, as summarized by House Speaker Paul Ryan's "Better Way" plan. A second is that the Republican party's legislative agenda, which is often quite radical, fails to be enacted because of tensions within the party. A third is that Trump develops his own, more populist, approach (as he suggested during the campaign, when he correctly said he was the only candidate defending Medicare). Regardless of Trump's personal agenda, the preferences of his party will necessarily drive the legislative agenda, and give us insight into the likely direction of policy.

Much will also depend on his nominees for federal agencies. So far Trump's appointments, including Scott Pruitt to the Environmental Protection Agency who is currently suing the Agency, take markedly differing stances on the importance of evidence-based policy and role of international law than that of their staff. Likewise, his nominee to head the Department of Health and Human Services, Tom Price, is a Congressman who authored a bill repealing Obamacare. [9] These conflicts within departments and agencies could pave the way for resignations or dismissal of career civil servants, including those with specialist expertiseand lengthy and complex disputes over policy, with some evidence that this is already happening.[10] They may also make it more difficult for these appointed leaders to implement those policies that they favour.

Finally, there are wildcards. Any presidency can be overtaken by events, such as the Cuban missile crisis or the events of 11th September 2001. Quite how Trump would react in such crises has, inevitably, been the subject of extensive speculation,[11] especially among those who seek insights as to his propensity to use nuclear weapons or the spontaneity of his approach to Twitter.

Yet while there are serious concerns, it is necessary for the public health community to focus on actual policy changes, not just the often confusing statements and tweets of the President-elect.

Universal Health Care

The USA is the only advanced industrialised country without universal health care. The consequences are well known. The health of Americans lags far behind that of their counterparts in otherwise similar countries.[12] Medical expenses are the most common cause of personal bankruptcy, with implications for the wellbeing of families and communities.[13] Yet much has been achieved. The Affordable Care Act (ACA), in particular, has provided insurance to over 20 million Americans, reducing the prevalence of uninsurance to below 10%.[14] Yet, notwithstanding this progress, there is much more that can be done to catch up with other industrialised countries.[15]

There is still some confusion about Trump's proposed reforms. He has committed to repealing and replacing the ACA. Some of his proposals to replace it coincide with existing Republican Party proposals. These include greater use of health savings accounts, characterised by high deductibles and the ability to roll forward unspent funds to future years, creating concerns that necessary care may be deterred,[16] and the use of block grants from the federal government to the States to fund Medicaid, expected to lead to reduced eligibility. However, he has also proposed retaining some safeguards in the ACA, including

coverage of pre-existing conditions and of dependents up to age 26. The situation is complicated further by the nomination of Tom Price, as Secretary for Health and Human Services. He has consistently supported reducing entitlements to health care and favoured the providers of care (he is an orthopaedic surgeon).[9] His most recent proposals to repeal the ACA would remove these safeguards and would also increase the cost of coverage substantially for those on low incomes.

A major challenge will be to find a workable replacement for the ACA. As has been noted by Gostin and colleagues,[17] if the existing safeguards are retained they must continue to be accompanied by an individual obligation to purchase insurance (or pay a penalty) or risk destabilising the insurance market. A continuing obligation to obtain coverage would conflict with an emerging emphasis among Republicans on "access" to coverage rather than actual coverage.[18] Yet if these safeguards are abandoned they risk a political backlash from the many Trump supporters who benefit from them. Thus, there is considerable scope for a split between populists and anti-government conservatives within the party. The risk is increased by Republican proposals for reform of the Medicare programme, which provides coverage for older people, and the Medicaid programme, which finances much long term care for the poor. During the campaign, Trump spoke favourably of Medicare and it is clearly an important social program for his voters. However, House Republicans, including Secretary-elect Price, support turning it into a voucher program, increasing costs for most recipients.

The combined issues of the ACA, Medicare and Medicaid might be the iceberg that sinks the Republican coalition. Given the financial impact on many of his supporters, Trump might not choose to support such an extensive attack on them but certainty is elusive. As many previous presidents have discovered, health care reform is easy to propose but much more difficult to achieve.

Overall, we score proposals on this issues as red, since any of the elements being proposed would move backwards on SDG indicator 3.8, "Achieve universal health coverage."

Evidence-Based Health Policy

The scientific community has expressed great concerns about Trump's approach to evidence. In a paper entitled "shockingly ignorant", the editors of Scientific American have listed a series of his more extreme comments, including his endorsement of the theory that vaccines cause autism and his denial of man-made climate change.[19] His vice-president Mike Pence, when governor of Indiana, initially opposed needle exchange at a time when an outbreak of HIV was spreading rapidly among IV drug users, [20] although he eventually changed his mind.

Against this backdrop, shortly after the election over 2,000 American scientists signed an open letter, including many health researchers, calling on President-elect Trump to maintain a strong and open culture of science, ensure that public safeguards remain strongly grounded in science, adhere to high standards of scientific integrity and independence, and provide adequate resources to enable federal scientists to do their vitally important jobs.[21]

Trump will face longstanding challenges in the pharmaceutical sector. He has called for "reform [of] the Food and Drug Administration, to put greater focus on the need of patients for new and innovative medical products." This language suggests a policy of deregulation. It comes after the passage of the "21st Century CURES" Act, passed with a majority support from Democrats and Republicans. The Act enables the Food and Drugs Administration (FDA) to rely less on randomised clinical trials in approving new indications for drugs and more on observational studies and pharmaceutical companies' summaries of research,[22] a highly controversial measure also being promoted by the pharmaceutical industry in Europe.[23]

Scientists are likely to experience reduced federal research funding, at least in some areas. While the CURES Act increased funding to the Nationals Institutes of Health (NIH) and allocated additional funds to addressing mental health and opioid addiction, the Agency for Healthcare Research and Quality (AHRQ), which finances health services research, is politically vulnerable because its research can easily anger industry lobbies. Moreover, reduced government spending overall is likely to hit research. In health, it should be noted that Secretary-Elect Price has consistently supported cuts to the NIH budget.[9]

In addition to budgetary threats, there is a considerable risk that the administration and Congress will start to impose their own views on science, by for example driving scientists working on issues such as climate change out of the executive branch or discouraging research into certain topics. The demand by the Trump transition team for details of scientists working on such issues is an obvious reason for concern.[24]

We code this issue amber: while there is ample evidence of disrespect for science by Trump and many Republicans, and a strong risk of ideological interference in scientific work and findings, there is less clear evidence that it will translate into major policy or budget changes.

Reproductive Health

Reproductive health is area where the situation is especially unclear. Trump has long shown little sign of caring about abortion. He dodges questions about whether he has paid for abortions after impregnating women[25] and has previously said that he was ""pro-choice in every respect." Yet during the campaign, he expressed support for some restrictions on abortion. A subsequent interview, which probed him on this issue in detail, provided little clarity.[26] In contrast, Mike Pence, his Vice-President, has co-sponsored a bill that would distinguish "forcible" from other forms of rape and signed an Act, later ruled unconstitutional, that would have mandated funerals for all foetuses. Tom Price, Trump's nominee for Health Secretary, holds similar views, consistently opposing any measure that improves access to abortions. In this respect, Pence and Price are closer to the Republican Party in Congress and in the country. Republicans are overwhelmingly committed to defunding Planned Parenthood and other reproductive health care providers, reversing the *Roe versus Wade* decision that legalized abortion around the United States, and reducing access to birth control and sex education.

Trump will be able to make at least one appointment to the Supreme Court. His nominees to the hundreds of federal judicial posts that are now or will be open during his term will

almost certainly oppose abortion rights. They will be able to work with a majority of state governments which oppose them and which are already constraining them further.[27] Importantly, support for abortion rights has been drifting downward among younger cohorts of Americans (along with rates of sexual activity).[28] However, the scale of the changes proposed by Republicans would have a major impact on access to abortion, risking a backlash among a sizeable section of the Republican party.

In short, we score this issue red. It is almost impossible to see a scenario in which the US will not lose ground vis a vis SDG 3.7, ensuring access to reproductive health care. Regardless of what Trump really thinks, opposition to abortion rights is one of the unifying views of the Republican party.

Vulnerable Populations

The USA incarcerates a higher share of its population than almost any other country, with almost one in every hundred Americans in prison. This has many consequences for American society, but especially for health, both of prisoners and of the wider population.[29] The arguments for reducing this population, on moral, criminal justice, and health grounds are overwhelming. [30]

Owners of private prisons are a powerful U.S. lobby. Although it is difficult to find specific pronouncements by Trump, there is a widely-held view that his presidency will lead to even higher prison numbers. This is illustrated by soaring share values of CoreCivic Co. (formerly the Corrections Corporation of America), who operate detention facilities and benefit from private prisons along the Mexican border.[31] Although the President has little direct influence on the prison population, his overall approach to law and order risks creating a climate that further empowers these corporations as they lobby at state level for policies that benefit them financially.[32] However, the expectations of the markets are also being driven by anticipation of the consequences of Trump's proposal to round up and deport large numbers of illegal migrants. It also seems likely that the decision by the federal government to end private contracts for public correction and detention facilities, following evidence of profiteering and mismanagement, will be reversed.

Incarceration fails in almost every respect to achieve its stated goals.[30] There are many arguments for the US prison population to be reduced but, regrettably, progress seems unlikely. For these reasons we score it red.

Security and Foreign Policy

The Ottawa Charter places peace first in its list of prerequisites for health.[33] As the world's remaining superpower, the USA plays a crucial role in global security. Trump's inflammatory comments have given rise to concerns across the globe.[34]

European leaders voice concerns about Trump's questioning America's commitment to aide its allies under article 5 of the NATO Treaty.[35] This has caused particular anxiety in the Baltic states and Nordic countries, which perceive a growing threat from their neighbour, Russia. This concern is exacerbated by the closeness of Donald Trump and his new Secretary of State to Russian president, as well as the Russian invasion of Ukraine.

Trump's foreign policy could destabilise the Middle East. In Syria, Trump has expressed a willingness to work more closely with Russia, while in Israel, he has already entered into the fray with his comments on United Nations Security Council Resolution 2334 and his stated intention to move the American Embassy from Tel Aviv to Jerusalem. This is contrary to an earlier Security Council resolution dating from 1947 and will be seen as a severe provocation by Palestinians.[36]

Trump also has made inflammatory comments towards China. By taking a telephone call from the president of Taiwan, he challenged the "One China" policy. Initially dismissed as a mistake, his subsequent actions have greatly inflamed tensions in the region.[37]

There is, of course, no reason why any of these issues might not be revisited in the light of changing circumstances. However, if this is to be done, given the enormous sensitivities involved, it seems appropriate for any decisions to be based on a detailed policy analysis, looking at all the possible consequences. Yet the President Elect often appears to be acting on his own accord, ignoring the caution that would be advised by seasoned diplomats. Indeed, as he commented in relation to intelligence briefings, "I don't have to be told - you know, I'm, like, a smart person."[38]

The United Nations, and its specialised agencies, play a key role in the global health architecture. Yet Trump's views are difficult to discern. Insiders are reported to have expressed relief that, during the campaign, he did not promise to dismantle it altogether. At times he has praised it, and especially its presence in New York, even offering a cut price deal to rebuild its headquarters. However, he has also criticised it, especially in relation to decisions on Israel's occupation of Palestinian territories,[39] tweeting "As to the U.N., things will be different after Jan. 20th."[40]

At least for now, it seems that many foreign governments are suspending judgement, hoping that the responsibility of office will lead to a more measured approach. However, as history has shown, wars can easily be incited and, when they do, the consequences for health can be terrifying. Consequently, given the uncertainty, we score this amber against SDG indicators related to Goal 16, on Peace, Justice, and Strong Institutions.

Aid and global health

International aid is a major component of 'soft' U.S. power. Historically U.S. aid has failed to meet pledges of 0.7% of GNI (attaining just 0.17% in 2015).[41] Trump has pledged to stop sending foreign aid to countries which "hate Americans."[42] This raises questions about the future of US engagement in global health initiatives. Although appointments to USAID have yet to be confirmed, Trump has considered Newt Gingrich, who proposed abolishing USAID altogether.[43]. Moreover, Trump's choice of Mick Mulvaney, a fiscal conservative, as Director of the Office of Management and Budget, suggests those policies will dominate. Under such an approach, any discretionary federal spending is likely to be cut dramatically, including foreign aid, as well as Medicaid and public health and support for the Centers for Disease Control (CDC). Trump has said little on this subject, although he did express support for expanding access to AIDS treatment in a response to a student at a New Hampshire meeting. [42] However, Vice-President elect Mike Pence has supported spending on global

health, invoking biblical obligations. A recent, detailed analysis[42] of what is known suggests that support may vary by disease, or more specifically, the characteristics of those most affected, as well as influencing the types of response that will be supported, something that has long characterized US aid.[44] The uncertainty in this area was summarized by comments by Dr. Michele Barry, from Stanford University: "Well, he's a germophobe, so that's got to be good for the CDC".[42]

We thus score this issue as amber, against SDG indicator 1a, to mobilise resources to end poverty, particularly in the poorest countries.

Climate Action

The final area we consider is climate change. 2016 was the hottest year on record and there is evidence that the world may be reaching a tipping point where melting Arctic ice and release of methane stores in permafrost create runaway global warming. Yet Trump has famously described climate change as a "hoax", created by the Chinese to reduce the competitiveness of American manufacturing.[45] His initial appointments strongly suggest a rolling back from President Obama's position. Scott Pruitt, his nominee for head of the Environmental Protection Agency has sued the Agency on several occasions in his role as Oklahoma's Attorney General and is leading a 27 state coalition to overturn Obama's clean power plan, a core element of his climate change strategy.[46] Trump's transition team has also stated the intention to defund NASA's monitoring of the global environment, thereby removing the most important source of information on climate change. Domestically, many Americans face the threat of extreme climatic events, with large areas of the Atlantic coast (including most of Florida), the South West, and the Mississippi.[47] The question is whether the American media and many of its politicians are willing to accept that these events are ultimately our collective responsibility and hold any politicians, past or present, to account.

This approach moves in the opposite direction to that envisaged in SDG indicator 13.2, to "Integrate climate change measures into national policies, strategies and planning", thus scoring a red light.

Role for Public Health

Donald Trump will enter the Oval Office at the time of great uncertainty. Not just the U.S., but the UK, Germany, France, Netherlands, and several other industrialised nations face the rise of far-right parties and populist policies. Trump's decisions will have profound implications for the health of Americans and others throughout the world. There is a large inconsistency between what can be ascertained about his stated intentions and US commitments to the SDGs. Several core areas, including those which we were unable to cover in detail in this short piece such as gun violence (red light), employment and insecurity (amber light), and social determinants of health (red light), pose further threats to public health (see Table). At least so far, Trump's policies and actions, as described above and scoring all amber or red lights, indicate a need for considerable concern.

There is a role for public health professionals to play. One is to monitor and hold accountable leaders for their actions. The SDG framework is a good place to start. This could

be extended by national public health associations, which could pressure leaders to keep their promises for social development. The least we can do is to assess rapidly proposals that emerge, such as any reform to the Affordable Care Act, to understand their consequences for health and health inequalities.

The second, deeper, role, is to understand the sources of political unrest which are fuelling widespread discontent, and especially worsening health and living conditions,[48,49] which pave the way for the rise of populism and extreme nationalism. It is important not to overstate the parallels with the events of the Great Depression, where within one decade, the combination of debt politics, austerity, and economic hardship fuelled the rise of fascism. As Mark Twain is reputed to have said, history does not repeat itself but it does rhyme. The resonances are clear; the dangers evident; and the role of public health more important than ever.
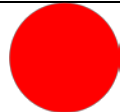
References
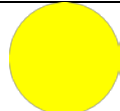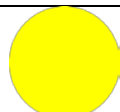
1.   USAID. Taking a holistic view of the Sustainable Development Goals. 2016. https://www.usaid.gov/globalgoals (accessed 21st December 2016).
2.   Beaglehole R, Bonita R. Global public health: a scorecard. *Lancet (London, England)* 2008; **372**(9654): 1988-96.
3.   Rosenfeld E. Trump reportedly surprised by scope of White House staffing duties. 2016. http://www.cnbc.com/2016/11/14/trump-reportedly-surprised-by-scope-of-white-house-staffing-duties.html (accessed 14th December 2016).
4.   Andrews-Dyer H. Donald Trump confirms that wife Melania and son Barron will stay in New York after the presidential inauguration. 2016. https://www.washingtonpost.com/news/reliable-source/wp/2016/11/20/melania-trump-and-son-barron-will-reportedly-stay-in-new-york-after-the-presidential-inauguration/?utm_term=.f84caec048dd (accessed 19th December 2016).
5.   Twohey M, Buettner R, Eder S. Inside the Trump organization, the company that has run Trump's big world. 2016. http://www.nytimes.com/2016/12/25/us/politics/trump-organization-business.html?_r=0 (accessed 28th December 2016).
6.   Forte DF, Spalding M. The Heritage Guide to the Constitution. Washington DC: Regnery Publishing; 2014.
7.   Entous A, Nakashima E. FBI in agreement with CIA that Russia aimed to help Trump win White House. 2016. https://www.washingtonpost.com/politics/clinton-blames-putins-personal-grudge-against-her-for-election-interference/2016/12/16/12f36250-c3be-11e6-8422-eac61c0ef74d_story.html?utm_term=.914e5688acbe (accessed 19th December 2016).
8.   Morrongiello G. McCain: Tillerson's Russia ties a 'matter of concern'. 2016. http://www.washingtonexaminer.com/mccain-rex-tillersons-russia-ties-are-a-matter-of-concern/article/2609354 (accessed 14th December 2016).
9.   Glied SA, Frank RG. Care for the Vulnerable vs. Cash for the Powerful—Trump's Pick for HHS. *New England Journal of Medicine* 2016.
10.   Borger J. White House faces exodus of foreign policy experts ahead of Trump's arrival. 2016. https://www.theguardian.com/us-news/2016/dec/18/national-security-council-exodus-foreign-policy-michael-flynn (accessed 28th December 2016).
11.   Simon C. A national-security expert went on a Twitter rant against Trump's nuclear weapons position. 2016. http://uk.businessinsider.com/natsec-expert-john-noonan-tweets-against-trump-nuclear-plans-2016-8?r=US&IR=T (accessed 14th December 2016).
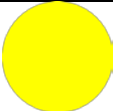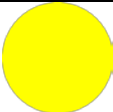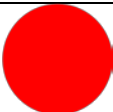
12.   Davis K, Stremikis K, Schoen C, Squires D. Mirror, mirror on the wall, 2014 update: how the US health care system compares internationally. New York: Commonwealth Fund; 2014.

13.   Himmelstein DU, Thorne D, Warren E, Woolhandler S. Medical bankruptcy in the United States, 2007: results of a national study. *The American journal of medicine* 2009; **122**(8): 741-6.

14.   Abbasi J. Under Affordable Care Act, Uninsured Rates Fell Across Demographic Groups. *Jama* 2016; **316**(20): 2077.

15.   Nolte E, McKee CM. In amenable mortality--deaths avoidable through health care--progress in the US lags that of three European countries. *Health affairs (Project Hope)* 2012; **31**(9): 2114-22.

16.   Kozhimannil KB, Law MR, Blauer-Peterson C, Zhang F, Wharam JF. The impact of high-deductible health plans on men and women: an analysis of emergency department care. *Medical care* 2013; **51**(8): 639-45.

17.   Gostin LO, Hyman DA, Jacobson PD. The Affordable Care Act: Moving Forward in the Coming Years. *Jama* 2016: 10.1001/jama.2016.18908.

18.   Pear R, Kaplan T. G.O.P. Plans to Replace Health Care Law With 'Universal Access'. 2016. http://www.nytimes.com/2016/12/15/us/politics/paul-ryan-affordable-care-act-repeal.html?_r=0 (accessed 17th December 2016).

19.   The Editors. Trump's Views on Science Are Shockingly Ignorant. 2016. https://www.scientificamerican.com/article/trump-comments-on-science-are-shockingly-ignorant/ (accessed 14th December 2016).

20.   Twohey M. Mike Pence's Response to H.I.V. Outbreak: Prayer, Then a Change of Heart. 2016. http://www.nytimes.com/2016/08/08/us/politics/mike-pence-needle-exchanges-indiana.html?_r=0.

21.   Eilperin J, Mooney C. Over 2,000 scientists urge Trump to respect 'scientific integrity and independence'. 2016. https://www.washingtonpost.com/news/energy-environment/wp/2016/11/30/22-nobel-prize-winners-urge-trump-to-respect-scientific-integrity-and-independence/?utm_term=.79be34b1d4f6 (accessed 14th December 2016).

22.   Avorn J, Kesselheim AS. The 21st Century Cures Act--Will It Take Us Back in Time? *The New England journal of medicine* 2015; **372**(26): 2473-5.

23.   Davis C, Lexchin J, Jefferson T, Gotzsche P, McKee M. "Adaptive pathways" to drug authorisation: adapting to industry? *BMJ (Clinical research ed)* 2016; **354**: i4437.

24.   Mufson S, Eilperin J. Trump transition team for Energy Department seeks names of employees involved in climate meetings. 2016. https://www.washingtonpost.com/news/energy-environment/wp/2016/12/09/trump-transition-team-for-energy-department-seeks-names-of-employees-involved-in-climate-meetings/?utm_term=.47214d535c0b (accessed 28th December 2016).

25.   Pengelly M. Trump dodges question over whether any past partners had abortions. 2016. https://www.theguardian.com/us-news/2016/apr/02/donald-trump-marueen-dowd-interview-abortion-past-partners (accessed 19th December 2016).

26.   The Economist. Donald Trump says the law is settled on gay marriage but not on abortion. 2016. http://www.economist.com/blogs/democracyinamerica/2016/11/president-elect-and-supreme-court (accessed 28th December 2016).

27.   The Editorial Board. Rolling Back Abortion Rights After Donald Trump's Election. 2016. http://www.nytimes.com/2016/12/13/opinion/rolling-back-abortion-rights-after-donald-trumps-election.html?_r=0 (accessed 14th December 2016).

28.   Ertelet S. http://www.lifenews.com/2016/01/19/new-poll-shows-americans-are-pro-life-on-abortion-as-roe-v-wade-turns-43/. 2016. http://www.lifenews.com/2016/01/19/new-poll-shows-americans-are-pro-life-on-abortion-as-roe-v-wade-turns-43/ (accessed 19th December 2016).

29.   Basu S, Stuckler D, McKee M. Addressing institutional amplifiers in the dynamics and control of tuberculosis epidemics. *The American journal of tropical medicine and hygiene* 2011; **84**(1): 30-7.

30.   Beyrer C, Kamarulzaman A, McKee M. Prisoners, prisons, and HIV: time for reform. *Lancet (London, England)* 2016; **388**(10049): 1033-5.
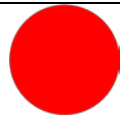
31.   Boone R. Trump's illegal immigration stance may boost private prisons. 2016. https://www.washingtonpost.com/national/trump-stance-on-illegal-immigration-may-aid-private-prisons/2016/11/23/c407f2a8-b14a-11e6-bc2d-19b3d759cfe7_story.html?utm_term=.7f3b85f094f3 (accessed 19th December 2016).

32.   Doty RL, Wheatley ES. Private detention and the immigration industrial complex. *International Political Sociology* 2013; **7**(4): 426-43.

33.   World Health Organization. Ottawa charter for health promotion. Ottawa: WHO; 1986.

34.   Graff P. Trump's 'America first' speech alarms U.S. allies. 2016. http://www.reuters.com/article/us-usa-election-trump-idUSKCN0XO10R (accessed 28th December 2016).

35.   Rucker P, Costa R. Trump Questions Need for NATO, Outlines Noninterventionist Foreign Policy. 2016. https://www.washingtonpost.com/news/post-politics/wp/2016/03/21/donald-trump-reveals-foreign-policy-team-in-meeting-with-the-washington-post/?utm_term=.d3a9afa41b54 (accessed 14th December 2016).

36.   Ravid B. Trump Adviser to Arab Diplomats: Moving U.S. Embassy to Jerusalem Is 'Complex' Move. 2016. http://www.haaretz.com/israel-news/1.759431 (accessed 19th December 2016).

37.   Philips T. Trump has no idea how to run a superpower, say Chinese media. 2016. https://www.theguardian.com/us-news/2016/dec/19/donald-trump-no-idea-how-to-run-superpower-chinese-state-media (accessed 19th December 2016).

38.   Cillizza C. Donald Trump is a 'smart person' in case you forgot. 2016. https://www.washingtonpost.com/news/the-fix/wp/2016/12/12/donald-trump-doesnt-need-a-daily-intelligence-briefing-according-to-donald-trump/?utm_term=.2499cda4abfa (accessed 19th December 2016).

39.   Sengupta S, Gladstone R. Donald Trump and the U.N.: Signs of Clashing Views on Many Issues. 2016. http://www.nytimes.com/2016/11/20/world/americas/united-nations-trump-climate-change-iran-cuba.html.

40.   Trump D. 2016. https://twitter.com/realDonaldTrump/status/812390964740427776 (accessed 28th December 2016).

41.   OECD. Development aid in 2015 continues to grow despite costs for in-donor refugees. Paris: OECD; 2016.

42.   McNeil D. Trump administration puts the US at a crossroad for global health aid. New York Times. 2016.

43.   Quinn B. Will Trump honour pledge to 'stop sending aid to countries that hate us'? 2016. https://www.theguardian.com/global-development/2016/nov/13/will-trump-presidency-honour-pledge-stop-sending-foreign-aid-to-countries-that-hate-us-usaid (accessed 17th December 2016).

44.   Kulczycki A. Ethics, ideology, and reproductive health policy in the United States. *Studies in family planning* 2007; **38**(4): 333-51.

45.   Philips T. Climate change a Chinese hoax? Beijing gives Donald Trump a lesson in history. 2016. https://www.theguardian.com/us-news/2016/nov/17/climate-change-a-chinese-plot-beijing-gives-donald-trump-a-history-lesson (accessed 19th December 2016).

46.   Milman O. Donald Trump picks climate change sceptic Scott Pruitt to lead EPA. 2016. https://www.theguardian.com/us-news/2016/dec/07/trump-scott-pruitt-environmental-protection-agency (accessed 14th December 2016).

47.   National Oceanic and Atmospheric Administration. Sea Level Rise Viewer. 2016. https://coast.noaa.gov/digitalcoast/tools/slr (accessed 14th December 2016).

48.   The Economist. Illness as indicator. 2016. http://www.economist.com/news/united-states/21710265-local-health-outcomes-predict-trumpward-swings-illness-indicator (accessed 28th December 2016).

49.   Monnat SM. Deaths of Despair and Support for Trump in the 2016 Presidential Election. 2016. http://aese.psu.edu/directory/smm67/Election16.pdf.

Table: Evaluating the Trump Presidency based on stated policy goals: a scorecard approach

	Possible policies	Description	Sustainable Development Goal (illustrative)
Universal Health Coverage	🔴	Plans to reject the Affordable Care Act	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Science and evidence	🟡	Rejection of established scientific consensus on many issues	**17.6** Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism **17.8** Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology
Reproductive Health	🔴	Opposition to abortion rights is widespread in the Republican party, and support for other reproductive rights is weak. Future Supreme Court appointees likely to change balance on Roe vs Wade	3.7 Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Vulnerable populations	🔴	Increased prison and detainee population	**16.3** Promote the rule of law at the national and international levels and ensure equal access to justice for all
Climate Action	🔴	Plans to reject the Paris Accord and suggests climate change is a "Chinese conspiracy"	**13.2** Integrate climate change measures into national policies, strategies and planning **13.3** Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning
Security and foreign policy	🟡	Statements on areas with actual or potential for conflict raise concerns about unintended consequences	**16.1** Significantly reduce all forms of violence and related death rates everywhere **16.a** Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime
Development assistance	🟡	Pledges to reduce support for international aid and particularly any funds to countries that 'hate Americans', but also some indication of support for certain global health programmes	**1.a** Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions

Trade and Market Integration	🟡	Isolationism and protectionism	**17.10** Promote a universal, rules-based, open, non-discriminatory and equitable multilateral trading system under the World Trade Organization, including through the conclusion of negotiations under its Doha Development Agenda **17.11** Significantly increase the exports of developing countries, in particular with a view to doubling the least developed countries' share of global exports by 2020 **17.12** Realize timely implementation of duty-free and quota-free market access on a lasting basis for all least developed countries, consistent with World Trade Organization decisions, including by ensuring that preferential rules of origin applicable to imports from least developed countries are transparent and simple, and contribute to facilitating market access
Employment and job insecurity	🟡	Large stimulus package to create jobs; anti-union policies may weaken job security	**8.5** By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
Social determinants of health and health inequalities	🔴	Tax and benefit policies that reduce taxes on the (super) rich, reducing funding available for safety nets for the poor	**1.3** Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable **1.4** By 2030, ensure that all men and women, in particular the poor

			and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance
Gun violence		Weakening of existing limited gun control measures	**16.1** Significantly reduce all forms of violence and related death rates everywhere

Red: High risk to health, Amber: medium risk, Green, low risk